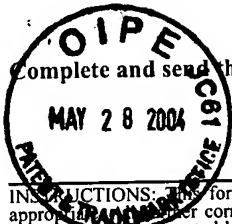


PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: Mail

Mail Stop ISSUE FEE
Commissioner for Patents
P.O. Box 1450
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INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through 4 should be completed where appropriate for correspondence including the Patent, advance orders and notification of maintenance fees will be mailed to the current correspondence address as indicated unless corrected below or directed otherwise in Block 1, by (a) specifying a new correspondence address; and/or (b) indicating a separate "FEE ADDRESS" for maintenance fee notifications.

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7590

04/14/2004

Martin J. Moran
Cutler-Hammer Products
Technology & Quality Center
170 Industry Drive, RIDC Park West
Pittsburgh, PA 15275

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I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO, on the date indicated below.

| | |
|--------------------------|--------------------|
| SCOTT A. PASSI | (Depositor's name) |
| <i>Robert Tracy Elms</i> | (Signature) |
| 5-26-04 | (Date) |

| APPLICATION NO. | FILING DATE | FIRST NAMED INVENTOR | ATTORNEY DOCKET NO. | CONFIRMATION NO. |
|-----------------|-------------|----------------------|---------------------|------------------|
| 10/071,619 | 02/08/2002 | Robert Tracy Elms | 01-EDP-299 | 2288 |

TITLE OF INVENTION: DIAGNOSTIC WIRING VERIFICATION TESTER

| APPLN. TYPE | SMALL ENTITY | ISSUE FEE | PUBLICATION FEE | TOTAL FEE(S) DUE | DATE DUE |
|----------------|--------------|-----------|-----------------|------------------|------------|
| nonprovisional | NO | \$1330 | \$300 | \$1630 | 07/14/2004 |

| EXAMINER | ART UNIT | CLASS-SUBCLASS |
|--------------|----------|----------------|
| DEB, ANJAN K | 2858 | 324-541000 |

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

- ☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.
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1. m. j. moran

2. _____

3. _____

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

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(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

EATON CORPORATION

CLEVELAND, OHIO

Please check the appropriate assignee category or categories (will not be printed on the patent); ☐ individual ☒ corporation or other private group entity ☐ government

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06/01/2004 NBERHE1 00000045 050275 10071619

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